THE

Hindu Message

A Weekly Review of Indian and World-Problems from the Hindu Standpoint

Medical Supplement

'चिकित्सितात्पुण्यतमं न किञ्चिदपि शुश्रुमः'। 'बिभेत्यल्पश्रुताद्वेदो मामयं प्रहरिष्यति'

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NOTES AND COMMENTS.

A tropical island will serve as the theatre of a singular experiment, of which the originator and organizer is the German author Rudolph Requadt. Six baby boys and girls of some highly civilized race are to be exposed on an uninhabited island, which however is to be rich in fruits and small game so as to provide the children with favorable food and afford propitious climatic conditions.

Systematic observation of the growth and mental as well as physical development of the children will take place from a concealed vantage that will not be noticeable to them. Notes about their life will be taken every day and a cinematograph will figure as an important aid in the systematic observation.

The children are to remain on the island without any direct contact with anybody from babyhood until the age of maturity. The experiment is designed to contribute highly important material to the physical as well as the biological study of man. The strictly scientific reseults of the observations on the island will be put at the disposal of universities, while the features that will appeal to the popular taste will be published in book form and in connection with the films which will be brought before the American and European public.

Herr Requodt just now is on a tour of study in the tropical zone with the aim of finding an island suitable to the promulgation of his experiment.

* * *

Excessive use of salt is the cause assigned by Dr. H. L. Harris for the great increase of heart and kindney disease in the last score of years. He estimates that the average individual consumes ten to twenty times as much as is required, and this keeps the tissues and fluids over-salt. It withdraws water from the blood. This affects digestion and assimilation, favours deposits in blood-vessels and joints, robs the heart of the marrow of tissue-cells, and tends to bring on premature old age. He says an excess of fifteen to thirty grains daily may be regarded as harmful. The possible harm of salt can be overcome by sufficient water-drinking.

* * *

The immunity from pulmonary tuberculosis of workers in lime kilns or places where much lime is used seems to have been noted by more than one observer, and a French doctor has sought a method of cure by imitating lime-kiln conditions. He uses dry heat in combination with calcium dust in air containing some carbon dioxide. This was easily borne, even by young children, and some patients tried five-minute inhalations ten or twelve times a day. The mechanical effect of the deep breathing gave an added advantage to the inhalations. Under the treatment the tuberculous symptoms have lessened or disappeared, and there has been rapid gain in strength and weight.

* * *

A new theory of the cause of the differentiation of sex and the possibility of having boy or girl children at will was explained by Dr. Leonard Williams, physician to the French Hospital, in an address to the Westminister Division of the British Medical Association

"The two elements, male and female, from which the child grows are," he said "striving for mastery one over the other and according to whether the male or female element wins will be the sex of the child."

"When the victory in favour of male sex is complete the result is a Caeser, a Napoleon, a Bismarck—active, resolute and ruthless. When less complete you have the ordinary man respectable, hard-working, but with engaging weakness. He added that by means of administering the male or the female interstitial gland to the mother we ought to be able to determine whether the child shall be male or female.

The conclusion to be drawn from Dr. Williams's address is that not only can we determine the sex of the child but also that by injecton of these gland substances at the age of 14 or 15, we could make men more manly and women more womanly.

Infantile Enlargment of the Liver as Met with in South India.

By S. P. Sarma, M.B., & C.M.

Definition :—A disease of children characterised by enlargement of the liver with or without enlargement of the spleen with or without fever, progressive emaciation terminating usually in death.

It is a distinct disease not yet mentioned in any text books so far. However, it is a subject of great practical importance as all of us are brought to deal with it more or less daily in our practice. It affects children between the ages of 5 months and 3 years.

Etiology :—(causation).

Out of a total of 223 cases which I have come across there were :

2 cases under 3 months.
20 cases between 3 and 12 months.
40 cases between 6 and 12 months.
108 cases between a year and 2 years.
45 cases between 2 years and 4 years.
8 cases between 3 and 4 years.

The largest number being found between 10 months and 2 years. Classified according to sexes :—both sexes are equally affected.

There were 114 cases among males.
and 109 cases among females.

Classified according to caste it is found to affect the children only of the vegetarian families, whether brahmin or non-brahmin.

In my series of 223 cases there were about 170 brahmins and 53 non-brahmins. All the brahmins are vegetarians ; among the 58 non-brahmin cases, 2 were from flesh eating families *i.e.*, less than 1 per cent of the children were from flesh eating families.

And here other causes producing enlargement of liver in children from non-vegetarian familes can be seen. What I want to draw attention is the very large number coming from vegetarian families.

Rarely have I met with a case in a non-vegetarian family. Doctor R. K. Mitter, I.M.S., tells me that infantile cirrhosis is very common in Calcutta where children obviously come from non-vegetarian families. Whether it is same disease as seen here or whether it is a distinct disease due to a different cause is not known.

I have seen it in all the districts in which I have served. Reports come to me of their presence in Tinnevelly, Madura, Trichy, South-Arcot, North-Arcot, Malabar, Salem, Coimbatore and South-Canara.

Classified according to the diet of the children :—The two cases under 3 months were breast-fed and in addition they were receiving boiled rice gruel without the addition of any milk. In the 20 cases between 3 and 6 months, 15 were breast-fed with boiled rice gruel as suplementary diet ; 3 were fed on cow's milk alone and 2 were fed on Horlicks in addition to breast milk. In 40 cases between 6 and 12 months, 13 were breast-fed with boiled rice gruel as supplement, 10 were fed with sago conjee only. Again 10 were breast-fed with Horlicks as a supplement, 2 were breast-fed with arrow-root conjee, 5 were given only condensed milk.

Out of 108 cases between 1 and 2 years, 77 cases had rice diet. 26 cases were given rice diet with Horlicks, 10 cases were given Horlicks and biscuits and one was given only cow's milk. The 45 children between 2 and 3 years were all given rice diet. 8 cases between 2 and 3 years received the normal rice diet.

Now the question arises why should so large a proportion of children come from vegetarian families ? 13 cases are on my record where child after child of the same parents were attacked with the enlargement of the liver aad where syphilis was not the cause.

Constipation and administration of drastic cathartics are invariably present. The accompanying fermentation and absorbtion of toxins may irritate the liver producing the cirrhotic condition. I have examined the blood in all febrile cases and could not discover any malarial parasites. The children and their parents were very carefully examined for syphilis and all such cases where syphilis may be regarded as the causes have been carefully excluded from this series.

The children come from fairly rich famlies with very clean surroundings. The poor do not contribute to this disease very much. I have not yet seen a case of this kind in a Mahomedan or Pariah child. The beaded ribs, enlargement of the articular ends of long bones, square large forehead with frontal bosses, the bent bone and other signs and symptoms so characteristic of rickets are all absent.

Congenital syphilis is no doubt one of the cause of enlargement of liver. Malaria again may produce the same disease over and over again almost every day. I see cases in which these ordinary causes of enlargement of the liver namely Malaria and Syphilis can be excluded : the disease appearing as if it is a vistation from God to the vegetarian families. May it be that diabetes which claims a deathroll from these classes in adult life claims a large number of victims of the infant population of the same class from the same cause in the form of Infantile enlargement of the Liver ?

Daily administration of too large amount of starch over and above what is required for the body exhausts in time the storing capacity of the liver for glycogen resulting in the appearance of sugar in the urine : Why should it not be that the infant's liver which was given too much of starch at too early an age is stimulated to enlarge in size first (to deal with the increased amount of starch that is given to it) and the overwork continuing it takes on the form of hypertrophy and all its consequences ? Probably the vegetarian mother's milk contains a larger amount of sugar than normal and it is probably poorer in nitrogenous element as her daily food is richer in starch and poorer in protein. This milk may have a predisposing tendency to the enlargement of liver : added to this early administration of starch, on the advice of native doctor is begun and perserved with a religious devotion to avoid enlargement of liver but what was dreaded really happens. The accompanying constipation with intestinal fermentation and auto-intoxication may be a contributing cause. The fever when it is present may be due to the absorption of toxins from the bowels. No parasites have yet been demonstrated.

Or may it be that the absence of a connecting link *i.e* ; Vitamine which makes the proteid element available for the body is the cause of the disease ?

Varieties :—1. With gradual loss of flesh and appetite and with constipation, there is enlargement of the liver ; the disease progresses the liver attaining a size reaching down the umbilious and it is felt to be hard. Jaundice sets in with anasarca and suppression of urine. Death supervenes. Fever is rarely present except as a complication with bronchopneumonia, the disease lasts nearly from 3 to 6 months : 20 per cent of my cases belong to this type. The spleen is very rarely enlarged.

2. A second type in which after a short period of febrile attack lasting from 3 days to a week the liver is seen to be enlarged and hard. Fever disappears ; progressive emaciation sets in ; Jaundice develops ; death ensues with anasarca. The spleen is not often enlarged ; the disease lasts from 3 to 6 months. No-

Malarial parasite could be found in the blood. 45 per cent of my cases belong to this type.

3. A third type of disease in which there is very low fever always, the temperature ranging between 99 F and 101.' F with enlargement of the liver and spleen; progressive emaciation and constipation are present; intercurrent Bronchopneumonia sometimes terminates the scene. Otherwise with jaundice general swelling of the body sets in and the child is carried off. No Malarial parasite can be found in this also. This type accounts for 35 per cent of my series. The first type is more amenable to treatment especially when it is seen it its early stages.

Prophylaxis and treatment:—The disease sometimes runs in the same family, child after child of the same parents getting affected. Syphilis naturally strikes one as being the cause in such cases. If either of the parents suffer from this diseae it is probable that the child also suffers from the same disease and appropriate treatment for it must be given to the child and the parents to prevent the disease coming to future children. Where in a family, successive children are found to get enlargement of the liver and where syphilis and other known causes have been excluded, if the diet of the nursing mother has been converted so as to resemble a non-vegetarian diet, as by the simple addition of egg-flip to the mother's dietary, the subsequent child has been to escape the disease.

2. Where the mother refuses to take such things, simple addition of a small amount of raw egg albumin to the cow's milk that is given to the infant once or twice a day has been found to avert the disease. If the child although born in a vegetarian family can be nursed by a non-vegetarian mother who is herself not suffering from communicable disease (as syphilis etc) this form or enlargement of the liver can be prevented.

3. Where the disease has been noticed in its very early stages, cutting off all starch in the diet of the child as boiled rice gruel, sago conjee rice etc; administration of cow's milk with egg-albumin, Valentines Meat Juice or Virol has been found to reduce the size of the liver. The thin emaciated flabby child which has till now been languid and helpless to move about, now gains colour, healthy look and enough strength to move about merely by changing the diet.

4. Fruit juices such as the juice of sweet oranges and grapes must be given every day to supply the Vitamines and to make the liver active.

Constipation if present should be treated by regular administration of castor-oil and anto-intoxication prevented.

To sum up, Prophylaxis of infantile enlargement of the liver depends upon the Hygienic feeding of the infant.

(*a*) Wherever possible, have the infant suckled by a healthy non-vegetarian mother who is herself free from syphilis or other communicable disease.

(*b*) If the vegetarian mother will take egg-flip, she can nurse her child, if she will not take, let the child have raw egg-albumin added to cow's milk that is given to it at least once a day.

(*c*) Under one year of age do not give the infant any starch; avoid preserved food if possible.

(*d*) After one year of age in families tending to have enlargement of the liver, children should have very little starch, no condiments and generous addition of albumin to the diet with fruit juices.

(*e*) Where breast milk is insufficient and artificial feeding has to be resorted to, give cow's milk diluted according to the age, strengthened with the addition of a small amount of raw egg-albumin at least once a day.

(*f*) Give fresh fruit juices as that of Oranges and grapes to supply the Vitamines and keep the liver active.

(*g*) Have the child examined once a week by a doctor so that treatment may be given at the earliest possible moment.

(*h*) Avoid constipation and drastic cathartics.

When the disease has been well pronounced with enormous enlargement of the liver which is hard and jaundice has not made it's appearance (Fibrous changes have not yet unalterably taken place?) and where the liver is still soft, treatment by changing the diet in the way indicated above with the attention to bowels has been found to effect a cure.

Large number of people from all parts of the presidency come to this town for treatment under native doctors who are reported to hold specifics for enlargement of the liver.

This treatment consists in the administration of drastic cathartics with administration of starch in the form of boiled rice gruel and absolute prohibition of milk. Prophylactically they advise to give only boiled rice gruel without cow's milk or even breast milk. They regard cow's milk as the cause of the disease and advice it to be stopped at all costs. Some cases of jaundice with enlargement of liver where probably the jaundice which is due to the obstruction by a plug of mucus in the bile duct and which can be removed by purgation have been cured by them. In the majority of cases their treatment is a failure and the advice to give boiled rice from the date of the birth of the child does not prevent the disease as child after child on the same diet gets the disease.

At least ten new cases of the same disease daily can be seen here. One and all of the native doctors whom I consulted on this subject tell me that their experience is just the same as mine namely the very large disproportionate number of cases occurring in vegetarian families.

—*The Antiseptic.*

Is Inoculation A Failure ?

Without wishing to detract from the fame of Pasteur or any of the pioneers of medical science the writer denies that inoculation is a success either in the prevention or the cure of disease, writes J. C. P. in "Bombay Young Men."

Nature has provided us with a mouth for the passage of foods and medicines and has arranged a succession of wonderful organs within the body to deal with them in a natural and scientific manner. She has provided as a covering for these organs a marvellous and complicated structure called the skin which not only protects them from outside influences but allows the poisonous products of combustion to pass out.

The modern fetish of inoculation reverses the order of nature. The surgeon thrusts his needle through the skin and forces his vaccines and serums into the tissues of the body, thus ignoring nature's obvious teachings. The injection of plain water by this unnatural method has been known to cause instant death, while the deaths caused by the inoculation of various vaccines and serums are beyond computation. Hundreds of deaths mostly instantaneous, have been certified as the result of the inoculation of salvarsan or 606.

In the case of daptheria anti-toxin Drs. W. C. Bosanquet and J. W. H. Eyre admit in their work. "Serums, Vaccine and Toxins" as follows: "It cannot be denied, that in a certain number of instances the injection of antidiptherial toxins has been followed by death directly attributable to the

action of the serum. The Registrar General's statistics show that the death rate of diptheria to the living population for the last fifteen years following the introduction of the anti-toxin rose 25 per cent, above the death rate of the 15 years before.

The public have been misled by a system of statistical jugglery. Thousands of cases of common sore-throat which would have recovered if left alone have been called diptheria by a new mode of diagnosis because a so-called diptheria germ was found in the throat which germ may be found in most healthy throats. By adding the thousands of common sore-throats to the cases of real diptheria the percentage death rate has been artificially produced.

By similar statistical tricks the army medical authorities manage to reduce the death rate of tetanus by inventing a local tetanus even though it is admitted officially that this so called local tetanus has no mortality. Actually the genuine tetanus mortality in the late war where every wounded man was inoculated was practically the same as in the Franco— Prussian War where no inoculation was carried out.

In any case it has been proved that when wounds are properly cleaned at once there is no fear of tetanus.

Statistics prove the utter uselessness of anti-typhoid vaccine as well. In short it may be said that inoculation can always claim the credit of protection as long as its subjects are not brought into contact with the conditions which induce disease, but the protection invariably fails directly it is called upon to submit to the test of validity.

Inoculation is nothing more or less than a popular craze appealing to the public imagination merely because it is surrounded by a certain amount of mystery. All that can be said in its favour is purely theoretical and there is no really practical proof of its being beneficial to mankind as a whole. Its claims are false and it remains because it is supported on every side by deception, superstition and commercial greed.

The all-India Ayurvedic Exhibition was opened on the 5th inst at 3-30 A. M., in the Museum Hall, Rajamundry, by Dewan Bahadur T. S. Thyarajaiya, District Judge, Godavari.

After Dhanvantari prayer, Ayurveda Bhushana N. Rama Sastri, Bezwada read a very lengthy interesting educative address in Telugu and Sanskrit sketching out the purpose and importance of the exhibition, the mode of collection of durgs and their relative value on vatha, pitha and shleshma. The President while thanking them referred to the awakening in respect of the Ayurvedic system, the disappearance of the prejudice against it and to the selfishness and bigotry of physicians which contributed to its falling into disrepute. He declared the exhibition open invoking the Almighty's blessing.

The exhibition is interesting and successful. About 300 plants reared by the Reception Committee were exhibited. Siddaushadhas, metallic powders, pills, herbs etc, have been sent from Poona and all parts of this Presidency. Prominent among other exhibits were those of the Madras Andhra Ayurvedic Pharmacy and of Hakim Hari Govindjee of Hyderabad.

Swarna - - Rathnakaram

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